

Operationalizing the State Plan

State fiscal year 2003-2004 calls for the completion of the operational detail with extensive attention to system transition. Specific outcomes and major product deliverables have been articulated. The following outlines the process to initiate operationalization of the Mental Health State Plan. These steps are the business rules or guidelines for plan implementation. They are created to provide order to the process and help the leadership of the Division of MH/DD/SA and other Divisions within the Department to meets its goal of transitioning the design and structure of the system through discrete operational developments which are tasks, activities and deliverables. This document is for internal staff purposes, although parts will be used for reporting to various stakeholders and can be posted on the Division's web site as outlined in Chapter 6.

The mechanics are as follows; a Master Operations Plan has been created that identifies the tasks to be completed or undertaken to implement the State Plan. The Master Operations Plan is the document where all tasks originate. Each task is assigned to a subject matter area and given a task number. The Deputy Director of the Division maintains the Master Operations Plan. New tasks that are identified or any modifications of existing tasks are placed on this document first. After placement on the Master Operations Plan the discreet task is then placed on the operations task list. A description of the operations task list is below. Four task subject matter areas have been identified. These task subject matter areas represent the work that has to be completed to operationalize the plan but are not to be viewed as 4 separate groups or teams completing the work.

Specifically, each task subject matter area has a set of discrete tasks and each of these tasks is assigned to a responsible party. The responsible party is the Team Leader who will work on the task until it is complete. This individual must decide by the nature of the task if they can complete the task by themselves or if they need to initiate a group of persons. The individual or group working on a task will be known as the Task Resource Team. In addition, for accountability each tasks has Key Decision-Makers who must approve identified steps and decision points that must have approval by the key decision makers before proceeding to next steps or task completion. For example, Key Decision-Makers for service definitions would include DMA, DFS, and DMH. Decision points would include components of the definition, then qualifications of the providers to deliver the services, then rates, then rulemaking, then system modifications, then notification to the stakeholders including manual revision, and then training.

The task subject matter areas identified include:

- Management and Leadership
- Financial
- Programmatic
- □ Administration and Contract

Note: These task areas are not distinct Division work groups.

Operations Task List

The operation task list contains a collection of all tasks, a description of the activity or deliverable that leads to on outcome, the person or team responsible for completing the task, a date that the task will be completed, a date for when the task will be implemented and a note if a task precedes or is associated with another task.

The operation task list provides the clear action steps and will be linked to a timelines document that works to make sure that tasks are completed on time. Thus, the overall purpose of the operation task list is to provide the process for product management. To assist with monitoring completion of the tasks, each task has a Task Tracking Sheet. This sheet identifies:

- □ The Outcome
- □ The Task
- □ Task Number
- □ Preceding/Associated Task
- Description for Deliverable or Activity
- □ Key Decision-maker(s)
- □ Resource Team/Person
- Completion Date
- □ Implementation Date
- □ Task Analysis
- □ Local Level Implementation/Impact
- □ Responsible Party
- □ Identification of the Assigned Planning Team Member

The purpose of the sheet is to outline all steps needed to complete a particular task. Most important of which is the task analysis which will detail all of the steps needed to complete the individual task. The analysis identifies key decision points, with stop gap measures that instruct the responsible party and team when to seek approval before moving on to the next step in a particular task. This decision model for movement will provide the checks and balances needed to prevent a responsible party or team from moving ahead without receiving the necessary sign-off.

The task list will also provide a process for gathering information for completion of the LOC quarterly report. The process will also require that minutes be kept and posted on the web as a means for keeping the public informed of the status. Monthly updates will be provided through the stakeholder group.

Outcomes in State Fiscal Year 2003-2004

The following outcomes have been identified in the State Plan 2003: Blueprint for Change. It is anticipated that additional outcomes will be identified as the operationalization of the plan get underway.

- □ Transitioning the design and structure through discrete operational developments.
- □ Completion of any adjustments to the target populations based on Area Program learning during the transition to the target populations.
- □ Continued transition to target populations.
- □ Providing technical support around natural and community supports for non-target individuals.
- □ The distribution of approved definitions with accompanying provider qualifications and utilization management guidelines.
- □ A revised Medicaid State Plan in keeping with best practice
- □ Set a timeline and provide training and information for systems to transition to new support and service expectations.
- □ Initiate transition to news service expectations.
- □ Develop outcome and performance based contracts for LMEs for state fiscal year 2004-2005.
- □ Track Olmstead efforts and continue to offer technical assistance for those high priority populations.
- □ Review and provide guidance on the local business plan submissions.
- □ Continued development of the funding formula and plan for administrative functions of the service delivery system.
- □ Certifying LME functions.
- □ Provide public policy guidance on the roles and functions of the LME-specifically related to divestiture of services and developing community capacity.
- □ Establish the State CFAC

- □ Provide technical assistance for local programs to increase consumer and family participation.
- □ Implement the public policy relationship between the state and their local public partners through the implementation of a formal venue for development of the relationship.

The major products to be delivered in state fiscal year 2003-2004 include:

- □ LME Cost Model Implementation Plan
- □ County Maintenance of Effort (MOE) Guidelines
- □ Rollout of New Supports and Services Plan
- □ Children's Services Plan
- □ Comprehensive Training and Education Plan
- Comprehensive Provider Network Guidelines
- □ Updated overview of area/county program/fiscal settlement for SFY 2004
- □ Completion of negotiated Division/LME Performance-based contracts for SFY 04/05
- □ Long-term Finance Strategy
- □ Appeal procedures for consumers and provides
- Monitoring standards and protocols
- □ Performance contracts for LME's

Managing "Operationalizing the Plan"

- □ Managing is the function of the Executive Leadership Team including the coordination with the operations project team.
- □ Provide leadership to make sure that the overall process is being executed in an effective and efficient manner.
- □ Policy and management decisions making.
- □ Identifying and coordinating the work of the Operations Project Team which will consists of DMA, Controller, Budget, DFS, and DMH staff persons.
- □ Identify responsible parties and assists in establishing Task Teams.
- □ Identify Key Decision-makers
- □ Assigning project managing and monitoring functions to the Planning Team Leader.
- □ Celebrating success.

Monitoring "Operationalization of the Plan"

- □ Project management and monitoring functions are assigned to Planning Team Leader.
- □ The Planning Team takes on a support and coordinating role to monitor timelines of the Plan.
- □ The assigned planning team member will assist responsible party and task teams in completion of assigned tasks.
- Report to the Executive Leadership Team on the status of the Plan as requested.

Concepts/ Definitions

Master Operations Plan

The master document that identifies the tasks to be undertaken and completed by the Division. All tasks originate from this document. Each task is assigned a subject matter area and given a task number for tracking. The Deputy Director of the Division maintains the master document.

Operations Task List- Contains a collection of all tasks, a description of deliverable or activity that leads to an outcome, the person or team responsible for completing the task, a date that the task will be completed, a date for when the task will be implemented and a note if a task precedes or is associated with another task. This list will be distributed to and used by staff of the Division.

Task Tracking Sheet- Sheet that details all of the events associated with a particular task. Included on the sheet is the task analysis. The task sheets will be posted on the DMH web page.

Outcome- Completed deliverable or activity that indicates progress towards achievement of the mission and objectives of mental health reform.

Task- Deliverable or Activity to be performed and completed.

Task Number- Number assigned to each task.

Precedent/Associated Task— Identifies tasks or related activities that must be completed or considered prior to moving to another task. These are task on the operations plan. Task completion should consider policies or practices already in existence either within DMH or performed by other Divisions or Department that should be considered.

Deliverable- Is a document or product that needs to be completed (report, plan, memorandum).

Activity- Is an actions that need to be completed (meeting, identifying issues, coordinating meetings) but doesn't produce the deliverable by itself.

Key Decision Maker(s)- Individual(s) who is/are responsible for approving policy associated with a task as developed through the team(s). This includes approval from other Divisions or Departments.

Resource Team/ Person- A team of individuals who have been identified and are responsible for completing a particular task. Team members are selected by the person responsible for completing the task. The team can be compiled of staff from other Divisions or Departments as well as stakeholders.

Completion Date— Identifies the date the deliverable is to be completed.

Implementation Date- Identifies the date for starting the product.

Task Analysis- Detail steps required to complete the entire deliverable. Identifies key decision points with stop gap measures that instruct the responsible party and team when to seek approval before moving on to the next step in a particular task.

Local Level Implementation/Impact— Provides an analysis of the issues faced at the implementation level of the deliverable. This is to address local steps required for successful implementation of the deliverable and impact on other local community systems. The focus should include implementation steps for the LME and then for the LME to implement with their providers and stakeholders.

Responsible Party- The DMH team leader who is responsible for chairing all work associated with a task.

Assigned Planning Team Member- Planning team member assigned to a task resource team to support, assist and coordinate activities.

Task Tracking Sheet

Outcome:	
Task:	Task Number:
Precedent/Associated Task:	Numbers:
Deliverable/ Activity:	
Key Decision Maker(s):	
Resource Team/Person:	
Completion Date:	
Implementation Date:	
Task Analysis:	
Local Level Implementation Pl	an and Management Plan:
Responsible Party:	Assigned Planning Team Member:
	1
Tara Larson, Deputy Director	Date

MANAGEMENT & LEADERSHIP

			Activity or				Precedent	Assigned Planning Team
Number		Task	Deliverable	DMH/Responsible Person	Completion Date	Implementation Date	/Associated	Member
1.1		ESTABLISH DEPARTMENTAL PROJECT TEAM	D	TARA LARSON	August 1, 2003			Steve Hairston
1.2		DEVELOP A COMPREHENSIVE COMMUNICATION PLAN	D	JOAN KAYE	December 31, 2003			Steve Hairston
1.3		DEVELOP A TRAINING AND EDUCATION PLAN	D	JOAN KAYE	December 31, 2003			Steve Hairston
1.4		DEVELOP AREA PROGRAM/COUNTY PROGRAM CONSOLIDATION PLAN	D	DICK OLIVER	August 1, 2004			Rebecca Carina
1.5		SUBMIT QUARTERLY REPORTS TO LEGISLATIVE OVERSIGHT COMMITTEE AND OTHER LEGISLATIVE REPORTS AS REQUIRED	D	STEVE HAIRSTON	Jul-Sept-Jan-April			Rebecca Carina
1.6		PUBLISH DRAFT STATE PLAN 2004	D	STEVE HAIRSTON	June 1, 2004			Rebecca Carina
					ON-GOING DEPENDS			
1.7		COORDINATION OF SPECIAL PROJECTS	Α		on project			
	1.7a	First level commitment	D	BERT BENNETT	ON-GOING			Steve Hairston
	1.7b	Piedmont Project	D	DARLENE STEELE	July 1, 2004			Julie Seibert
	1.7c	Authorizations by LME's	D	TARA LARSON	January 1, 2004			Steve Hairston
	1.7d	Wake County In-patient	D	JAMES OSBERG	ON-GOING			Steve Hairston
	1.7e	Deaf and Hard of Hearing	D	BERT BENNETT	January 1, 2004			Julie Seibert
	1.7f	Coordinate activities of the Health Information Systems (HIS)	Α	STEVE HAIRSTON	ON-GOING			Rebecca Carina
	1.7g	Coordinate activities of the MMIS plus rebid	А	GARY IMES	July 1, 2005			Steve Hairston
	1.7h	Coordinate activities for HIPAA compliance	Α	GARY IMES	ON-GOING			Steve Hairston
	1.7i	Participation in Guardianship Study	Α	TBD	TBD			Steve Hairston
		COORDINATION WITH THE DIVISION STAKEHOLDER GROUP AND THE PUBLIC						
1.8		POLICY WORK GROUP	Α	STEVE HAIRSTON	ON-GOING			Rebecca Carina
1.9		HIRE A CLINICAL DIRECTOR	D	TARA LARSON	December 1, 2003			Steve Hairston
1.10		CONDUCT A COMPREHENSIVE EVALUATION OF REFORM	D	TARA LARSON	TBD			Art Eccleston

FINANCE

Number		Task	Activity or Deliverable	DMH/Responsible Person	Completion Date	Implementation Date	Precedent /Associated	Assigned Planning Team Member
		ESTABLISH THE LONG-TERM FINANCIAL PLAN INCLUDING IDENTIFICATION OF REVENUES AND TRANSITION IMPLEMENTATION STEPS. THIS ALSO INCLUDES THE POLICY DECISIONS REGARDING LOCAL MAINTENANCE OF EFFORT AND						
2.1		EQUITY OF FUNDING	D	LEZA WAINWRIGHT	March 31, 2004			Julie Seibert
	2.1a	Policy decisions on county funds/ MOE	Α	LEZA WAINWRIGHT	September 30, 2003			Julie Seibert
	2.1b	Policy decisions on Medicaid match	A	LEZA WAINWRIGHT	November 1, 2003			Julie Seibert
	2.1c	Equity funding	А	LEZA WAINWRIGHT	February 1, 2004			Julie Seibert
2.2		ESTABLISH FUNDING FOR LME SERVICES BASED UPON COST MODEL	D	LEZA WAINWRIGHT	December 15, 2003			Julie Seibert
	2.2a	Distribute completed LME Cost Model and Negotiation Parameters		LEZA WAINWRIGHT	September 30, 2003			
	2.2b	"Seal" model based upon feedback		LEZA WAINWRIGHT	November 1, 2003			
	2.2c	Finalize LME payment rates for each LME		LEZA WAINWRIGHT	December 1, 2003			
		Establish cost allocation, payment and settlement methodology for LME payments		LEZA WAINWRIGHT	December 1, 2003			
2.3		ESTABLISH AND MODIFY STANDARDS FOR FUND BALANCE REQUIREMENTS	D	LEZA WAINWRIGHT	February 1, 2004		2.2	Rebecca Carina
2.4		ESTABLISH METHODOLOGY FOR SERVICE RATES TO PROVIDERS	D	LEZA WAINWRIGHT	180 days following prerequisite (permits 90 days for CMS review/response)		3.8-3.10	Rebecca Carina
2.5		PUBLISH SERVICE RATES	D	Joan Kaye	TBD		2.6	Steve Hairston
2.6		LOAD AND COORDINATE RATE CHANGES AND STRUCTURES WITH IPRS AND MMIS	D	GARY IMES	Within 30 days following prerequisite requirement		2.6	Steve Hairston
2.7		ESTABLISH, MODIFY OR REPEAL AUDIT-REPORT REQUIREMENTS SUCH AS COST FINDINGS, COST REPORTS FOR CONTROLLER'S OFFICE AND MEDICAID. INCLUDES ESTABLISHMENT OF REQUIRED CHART OF ACCOUNTS	D	LEZA WAINWRIGHT	30 days following prerequisite requirement		2.2-2.6	Steve Hairston
2.8		DEVELOP NEW OR MODIFY EXISTING LEGISLATIVE SPECIAL PROVISIONS, LAWS OR RULES TO REFLECT FINANCIAL DESIGN	D	PEGGY BALAK	TBD		2.1, 2.9	Rebecca Carina

FINANCE

Number	Task	Activity or Deliverable	DMH/Responsible Person	Completion Date	Implementation Date	Precedent /Associated	Assigned Planning Team Member
2.9	MODIFY STATE CONTRACTS AS NEEDED (EDS, VALUE OPTIONS, ETC.)	D	MARLEY IMM	Varies by Contract		3.3, 3.12, 3.15	Julie Seibert
2.10	OBTAIN NECESSARY APPROVALS FROM COMMISSIONS, GRANT AUTHORITIES OR FEDERAL AGENCIES AS NECESSARY	D	PEGGY BALAK	TBD		2.1, 2.9	Rebecca Carina
2.11	MODIFY AND DISTRIBUTE MANUALS TO REFLECT CHANGES	D	JOAN KAYE	TBD		2.13, 2.9, 2.12	Steve Hairston
2.12	ANALYZE DECISIONS FOR FISCAL IMPACT ON OTHER SERVICE SYSTEMS SUCH AS DSS, DJJDP AND CRIMINAL JUSTICE AND PUBLISH INFORMATION	D	LEZA WAINWRIGHT	March 1, 2004		2.1, 2.6, 2.12, 2.13, 3.19, 3.17	Rebecca Carina
2.13	COORDINATE DECISIONS WITH OFFICE OF STATE BUDGET	А	LEZA WAINWRIGHT	ON GOING			Steve Hairston
2.14	COORDINATE DECISIONS WITH LOCAL GOVERNMENT COMMISSION AND ASSOCIATION OF COUNTY COMMISSIONERS	А	LEZA WAINWRIGHT	ON GOING			Steve Hairston
2.15	COORDINATE WITH CONTROLLER'S OFFICE CHANGES FOR PAYMENTS	А	LEZA WAINWRIGHT	ON GOING			Steve Hairston
2.16	COORDINATE BED DAY ALLOCATION PLAN FOR HOSPITALS	Α	JAMES OSBERG	ON GOING			Steve Hairston
2.17	COORDINATE BED DAY ALLOCATION PLAN FOR ADATC	A	DOUG BAKER	ON GOING			Steve Hairston
2.18	DEVELOP MR CENTERS DOWNSIZING PLAN	D	LISA HAIRE	ON GOING			Rebecca Carina
2.19	COORDINATE WITH HOSPITAL DOWNSIZING PLAN	A	LISA HAIRE	ON GOING			Rebecca Carina

PROGRAMMATIC ISSUES

			Activity or	DMH/Responsible			Precedent	Assigned Planning Team
Number		Task	Deliverable	Person	Completion Date	Implementation Date	/Associated	Member
3.1		CHILD MENTAL HEALTH PLAN	D	DON WILLIS	September 2, 2003			Julie Seibert
3.2		OPERATIONALIZE CHILD MENTAL HEALTH PLAN	D	TBD	TBD			Steve Hairston
	3.2a	Establish process for Operationalization of the CMH Plan	D					Steve Hairston
	3.2b	Implement the CMH Plan	A					Steve Hairston
3.3		COMPLETE DD BEST PRACTICE	D	BONNIE MORELL	December 30, 2003			Art Eccleston
		DESIGN UNIFORM PORTAL(designs and access standards for target/ non-target						
3.4		including triage and screening).	D	Bonnie Morell	December 1, 2003			Art Eccleston
	3.4a	Policy decision on the benefits package for target and non-target	D	ELT	September 15, 2003			Art Eccleston
		Establish standards and functionality requirements for telephonic connectivity						
	3.4b	among the State, LMEs and Providers	D	GARY IMES	TBD			Art Eccleston
3.5		ESTABLISH TRIAGE/ SCREENING PROTOCOLS	D	BONNIE MORELL	December 1, 2003		3.3	Art Eccleston
3.6		ESTABLISH STAFF QUALIFICATION FOR TRIAGE AND SCREENING	D	BONNIE MORELL	December 1, 2003		3.4	Art Eccleston
3.7		ESTABLISH REFERRAL PROTOCOLS	D	BONNIE MORELL	December 1, 2003		3.3	Art Eccleston
		ESTABLISH PERSON CENTERED PLANNING STANDARDS AND DOCUMENTATION						
3.8		ELEMENTS	D	BONNIE MORELL	December 1, 2003			Rebecca Carina
3.9		WRITE SERVICE DEFINITIONS	D	BONNIE MORELL	December 1, 2003			Julie Seibert
3.10		ESTABLISH DOCUMENTATION REQUIREMENTS FOR TRIAGE/SCREENING, REFERRALS AND SERVICE DEFINITIONS	D	DARLENE STEELE	December 1, 2003		3.4, 3.6, 3.8	Art Eccleston
3.11		ESTABLISH PROVIDER QUALIFICATIONS FOR ALL SERVICES INCLUDING CASE MANAGEMENT.	D	BONNIE MORELL	December 1, 2003		3.8	Art Eccleston
3.12		DEVELOP UTILIZATION AND AUTHORIZATION PROTOCOLS (medical necessity determination)	D	BONNIE MORELL	December 1, 2003		3.3	Art Eccleston
3.13		ESTABLISH PROVIDER NETWORK REQUIREMENT INCLUDING CONTRACTS AND ENROLLMENT	D	DICK OLIVER	December 1, 2003			Art Eccleston
	3.13a	Policy decision for direct enrollment	A	ELT				Art Eccleston
	3.13b	Policy decision for direct billing	A	ELT				Art Eccleston
3.14		ESTABLISH AUTHORIZATION DOCUMENTATION TO PROVIDERS	D	DARLENE STEELE	December 1, 2003		3.13	Julie Seibert
3.15		ESTABLISH AUTHORIZATION CONNECTIVITY/DOCUMENTATION TO PAYOR	D	GARY IMES	March 1, 2004		3.13, 3.14	Steve Hairston
3.16		ANALYZE, ESTABLISH OR MODIFY RULES TO REFLECT SERVICE SYSTEM DESIGN (EX. UNIFORM PORTAL SERVICES, STAFF QUALIFICATION, ETC.)	D	PEGGY BALAK	March 1, 2004		3.3, 3.9, 3.13, 3.10	Rebecca Carina

PROGRAMMATIC ISSUES

Number	Task	Activity or Deliverable	DMH/Responsible Person	Completion Date	Implementation Date /Associa	5
3.17	OBTAIN NECESSARY APPROVALS AS NECESSARY FROM COMMISSIONS, MEDICAID PAG AND AUTHORITIES INCLUDING FEDERAL GRANTS	D	PEGGY BALAK	March 1, 2004	3.16	Rebecca Carina

PROGRAMMATIC ISSUES

Number		Task	Activity or Deliverable	DMH/Responsible Person	Completion Date	Implementation Date	Precedent /Associated	Assigned Planning Team Member
3.18		MODIFY STATE CONTRACTS AS NEEDED (VALUE OPTIONS, ETC.)	D	MARLEY IMM	March 1, 2004		3.13	Julie Seibert
3.19		DEVELOPMENT OF NEW WAIVER(S) AND/OR TECHNICAL AMENDMENTS TO AN EXISTING WAIVER	D	DARLENE STEELE	ON-GOING		3.2, 3.8, 3.10, 3.9	Julie Seibert
	3.19A	Modify, submit and secure approval of HCB waiver	D	DARLENE STEELE	July 1, 2004			Julie Seibert
	3.19B	Coordinate TBI waiver	D	DARLENE STEELE	ON-GOING			Julie Seibert
3.20		MODIFY AND PUBLISH MANUALS (SERVICES, MEDICAL RECORD, WAIVER, MEDICAID, AND CLINICAL GUIDELINES)	D	Joan Kaye	March 1, 2004		3.19, 3.17, 3.16	Steve Hairston
3.21		ESTABLISH AND IMPLEMENT TRAINING AND COMMUNICATIONS FOR PROGRAMMATIC PRODUCTS	D	Joan Kaye	ON-GOING		3.20	Steve Hairston
3.22		COORDINATE WITH HEALTH CHOICE	А	DARLENE STEELE	ON-GOING			Julie Seibert
3.23		COORDINATE WITH STATE PERSONNEL CLASSIFICATION CHANGES	Α	Joan Kaye	ON-GOING		3.5, 3.10	Steve Hairston
3.24		ESTABLISH COMPREHENSIVE PREVENTION PLAN	D	JANICE PETERSEN	March 30, 2004			Rebecca Carina
3.25		COMPREHENSIVE SERVICE IMPLEMENTATION PLAN	D	BONNIE MORELL	October 1, 2003			Rebecca Carina
3.26		IMPLEMENTATION OF CONSTRUCTION PLAN FOR ADATC ACUTE DETOX ADMISSIONS	A	DOUG BAKER	ON-GOING			Julie Seibert
3.27		DEVELOP CONSOLIDATION PLAN FOR HOSPITALS (DIX/OLMSTEAD)	D	JIM OSBERG	June 30, 2004			Julie Seibert
3.28		ESTABLISH AND COORDINATE UNIFORM AND CONSISTENT OPERATIONAL POLICIES AND PRACTICES FOR ALL STATE FACILITIES	D	STAN SLAWINSKI	June 30, 2004			Steve Hairston
3.29		DEVELOP COMPREHENSIVE QUALITY MANAGEMENT AND SYSTEMS EVALUATION PLAN	D	TBD	TBD			Art Eccleston
3.30		REVIEW QUALITY ASSURANCE PLANS IN ACCORDANCE WITH CMS QUALITY PROTOCOL FOR WAIVERS	A	TBD	TBD			Art Eccleston